

Walter Lockhart, Office of Risk Management
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AIRCRAFT INCIDENT / ACCIDENT STATEMENT

SECTION 1—AIRCRAFT OWNERSHIP/OPERATION:

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| OWNER OF AIRCRAFT: |
| ADDRESS: |
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| |
| PHONE: |
| FAX: |
| EMAIL: |

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| OPERATOR OF AIRCRAFT (IF DIFFERENT FROM OWNER): |
| ADDRESS: |
| |
| |
| PHONE: |
| FAX: |
| EMAIL: |

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| LIEN HOLDER (IF ANY): |
| ADDRESS: |
| |
| PHONE: |
| FAX: |

SECTION 2—DESCRIPTION OF INCIDENT/ACCIDENT:

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| DATE AND TIME OF ACCIDENT: | |
| LOCATION OF ACCIDENT: | |
| CURRENT LOCATION OF AICRAFT: | |
| UNDER WHAT FAA REGULATION WAS THE AICRAFT BEING OPERATED (PART 41/61/91/135/121/125/ETC): | |
| THE PURPOSE OF THE FLIGHT: | |
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| | |

WHAT HAPPENED?

DESCRIBE THE EVENTS AND CIRCUMSTANCES INVOLVED WITH THE ACCIDENT IN AS MUCH DETAIL AS POSSIBLE. INCLUDED COPIES OF ALL STATEMENTS FIVE TO THE NTSB, FAA, POLICE, ETC., IF AVAILABLE. USE EXTRA SHEETS OF PAPER IF NECESSARY AND INCLUDE AND PHOTOS OR DIAGRAMS THAT YOU MAY RELATED TO THE ACCIDENT.

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SECTION 3—INJURIES TO PASSENGERS:
(LIST ALL PASSENGERS AND INJURIES—IF ANY)

| NAME/ADDRESS/PHONE NUMBER | INJURIES: |
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SECTION 4—INDICATE ANY NON-PASSENGER INJURIES OR PROPERTY DAMAGES AS A
RESULT OF THE ACCIDENT:

| NAME/ADDRESS/PHONE NUMBER | NATURE AND EXTENT OF INJURY AND/OR DAMAGE |
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SECTION 5—PILOT INFORMATION:

| | PILOT IN COMMAND | CO-PILOT |
|---|------------------|----------|
| NAME | | |
| ADDRESS | | |
| PHONE | | |
| DATE OF BIRTH | | |
| EMPLOYER | | |
| SEAT POSITION DURING ACCIDENT | | |
| PILOT CERTIFICATE TYPE (STU/PVT/CML/ATP) | | |
| RATINGS (SEL.MEL/IFR/ETC) | | |
| TYPE RAITNGS HELD | | |
| CLASS/DATE OF MEDICAL | | |
| TOTAL PIC TIME | | |
| TOTAL PIC MEL/TP/JET | | |
| TOTAL PIC MAKE & MODEL | | |
| TOTAL PIC MAKE 7 MODEL LAST 12 MONTHS | | |
| TOTAL PIC MAKE & MODEL LAST 90/30 DAYS | | |
| DATE LAST REQ CHECK RIDE (BIANNUAL/PART 135/ETC) | | |
| WHO GAVE.WHERE WAS LAST CHECK RIDE | | |
| DATE LAST CHECK RIDE IN MAKE & MODEL | | |
| DATE/LOCATION OF MFG APPROVED GRD/FLT TRAINING (MAKE/MODEL A/C) | | |
| LIST ANY PREVIOUS ACCIDENTS OR VIOLATIONS | | |

PLEASE ATTACH A PHOTOCOPY OF YOUR AIRMAN'S CERTIFICATE, LAST MEDICAL AND LAST PAGE OF YOUR PERSONAL LOGBOOK SHOWING A SUMMARY OF YOUR TOTAL FLIGHT EXPERIENCE INCLUDING YOUR LAST CHECK RIDE.

SECTION 6—AIRCRAFT INFORMATION:

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| AIRCRAFT YEAR MAKE & MODEL | |
| REGISTRATION NUMBER | |
| SERIAL NUMBER | |
| AIRFRAME TIME ON DATE OF ACCIDENT | |
| ENGINE TIME ON DATE OF ACCIDENT (L) | |
| ENGINE TIME ON DATE OF ACCIDENT (R) | |
| WHO REGULARLY MAINTAINS AICRAFT (INHOUSE/INDIVIDUAL/FBO/ETC) | |
| UNDER WHAT FAA REGULATION IS THE AIRCRAFT MAINTAINED (91/135/121/125 ETC) | |
| TYPE OF MAINTENANCE PROGRAM (MFG/AAIP/ANNUAL/ETC) | |

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| WHEN WAS THE LAST REQUIRED INSPECTION COMPLETED (DATE &A/F TIME) (ANNUAL/100HRS/ETC) | |
| AIRFRAME | |
| LEFT ENGINE | |
| RIGHT ENGINE | |
| WHO PERFORMED: | |

| | |
|--------------------------|--|
| ENGINE (S) MAKE & MODEL | |
| ENGINE SERIAL NUMBER (L) | |
| ENGINE SERIAL NUMBER (R) | |

| | | | |
|-------------|--|-----------|--|
| ENGINE TIME | | | |
| (L) TSN | | (R) TSN | |
| (L) TSOH | | (R) TSOG | |
| (L) TBO) | | (R) TBO | |
| (L) TSHSI | | (R) TSHSI | |

| | | | | |
|-----------------------------|----------|--|----------|--|
| MAKE & MODEL PROPELLER (S) | | | | |
| PROPELLER SERIAL NUMBER (L) | | | | |
| PROPELLER SERIAL NUMBER (R) | | | | |
| PROPELLER TIME | (L) TSOH | | (R) TSOH | |

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| HAS THIS AIRCRAFT EVER BEEN DAMAGED PRIOR TO THIS ACCIDENT? IF SO, WHEN AND WAS THE EXTEND OF THE DAMAGE | |
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PLEASE ENCLOSE COPIES OF MAINTENANCE LOGBOOK ENTRIES FROM YOUR LAST TWO INSPECTIONS FOR AIRFRAME/ENGINES AND PROPS IF APPLICABLE.

SECTION 7—VANDALISM OR THEFT CLAIMS

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| WHERE WAS YOUR AIRCRAFT WHEN THE THEFT AND/OR VANDALISM OCCURRED? |
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| WHO SECURED THE AICRAFT? |
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| WHEN WAS THE LAST TIME YOU SAW YOUR AIRCRAFT OR MISSING EQUIPMENT? |
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| WHEN WAS YOUR AIRCRAFT AND/OR EQUIPMENT TAKEN OR VANDALIZED? |
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PLEASE PROVIDE THE FOLLOWING FOR ALL THEFTS OR VANDALISM LOSSES:

- A COPY OF THE POICE REPORT THAT WAS FILED (MANDATORY IN ORDER TO ESTABLISH A NCIC NUMBER)
- A LIST OF THE EQUIPMENT TAKEN WITH SERIAL NUMBERS
- ORIGINAL INVOICES OF EQUIPMENT OR AN AIRCRAFT EQUIPMENT LIST
- INVOICES FOR REPLACEMENT EQUIPMENT

SECTION 8—CERTIFICATION OF STATEMENT:

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| DATE INCIDENT/ACCIDENT STATEMENT WAS COMPLETED: | | |
| NAME& SIGNATURE OF PERSON COMPLETING FORM: | | |
| NAME & SIGNATURE OF AIRCRAFT OWNER: | | |
| NAME & SIGNATURE OF AIRCRAFT OPERATOR (IF DIFFERENT FROM OWNER: | | |